

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

## CHILD PLACEMENT AGENCY REPORT

| Provider Organization: Umbrell   | a Therapeutic Serv                           | vices, Inc.                |                                      |                        |                            |
|--|--|----------------------------|--------------------------------------|------------------------|----------------------------|
| Licensing Agency: DHS  | Contra                                       | Contracting Agency(s): DHS |                                      |                        |                            |
| Name of Chief Administrator: Wes   | Jones  | Emai                       | l: wjonesumbrella@                   | yahoo.com              |                            |
| License Type: ILP  |  | Type                       | <b>Type of Inspection:</b> Quarterly |                        |                            |
| Name and Address of CPA Office   | License Capacity                             | DHS<br>Contract<br>Limit   | Census by Placing<br>Agency          | License#/<br>Exp. date | Date of site<br>Inspection |
| Umbrella Therapeutic Services, Inc.<br>4085 McDowell Lane<br>Baltimore, Maryland 21227 | Unlimited                                    | 10                         | 10                                   | #00452/<br>12/20/2019  | 09/11/2018                 |
|  | <u>Inspect</u>                               | ion Summary                |                                      |                        |                            |
| Number of Records Reviewed: Y  | outh <u>4</u> Staff                          | 0 <b>Foste</b>             | r Parent <u>NA</u> A                 | doptive Paren          | t N/A                      |
| Number of Interviews: Youth  | ) Staff 0 F                                  | oster Parent               | N/A                                  |                        |                            |
| <b>CPA Office Inspection:</b> Approved   |  |                            |                                      |                        |                            |
| Number of ILP Apartments Inspected: 0 Number of Foster Homes Inspected: N/A            |  |                            |                                      |                        |                            |
| Current COMAR Violation: Yes   | No _X  |                            |                                      |                        |                            |
| If Yes, list Cited Violation(s) below:   |  |                            |                                      |                        |                            |
| Violation(s)   | Findings                                     |                            |                                      |                        |                            |
| 07.05.04.04 A((6)(f)   | Missing social security card in 1/4 records. |                            |                                      |                        |                            |
| 07.05.04.05 A(4)(i)  | Missing court order in 1/4 records.          |                            |                                      |                        |                            |
| Corrective Action Plan: Yes X No If yes, date of CAP: 09/11/2018                       |  |                            |                                      |                        |                            |
| Any Violations During Mid or Re-I<br>If Yes See Report (s) Date(s):                    | icensure Periods:                            | Yes 1                      | No                                   |                        |                            |
| Complaint Outcome: NA  |  |                            |                                      |                        |                            |
| Current Status of License: Contin  | ued  |                            |                                      |                        |                            |
| Licensing Coordinator: Sherlema Fergu  | son <b>Date:</b> 9/11                        | /18 <b>Emai</b>            | l: <u>sherlema.fergus</u>            | on@maryland.s          | gov                        |
| Program Manager: Richard Berge   | er <b>Date</b> 9/11                          | /18 <b>Emai</b>            | l: richard.berger@                   | maryland.gov           |                            |